

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 1 6 2018

	Pierce Haley		001 10 2010)
I. Name of Lobbyist(s)			NEW HAMPSHI	RE
II. Name of lobbyist's partner	ship, firm or corporation, if	any:	DEPARTMENT OF	STATE
Serlin Haley	LLP			
(Name of partn	ership, firm or corporation)			
51 Franklin Stre	et Boston	MA	02110	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(617)	(617) 778-1300	e-mail_phaley@se	rlinhaley.com	
(Telephone)	(Faz	к)		
III. This statement covers: (C reportable expense transactio		orts for each client, OR you may to any one client).	y file a separate report for	
✓ All reportable transactions of	occurring in the months prior to	o the reporting date relative to the	following client:	
	TruGreen			
•	me of Client as it appears on the L	obbyist Registration Form)		
<u>OR</u>				
☐ All reportable transactions be unrelated to any particular clien		bbyist's family), or the lobbying	firm listed below which are	
IV. Date of Report April 2	5, 2018	July 25, 2018		
•	ute of registration to 3/31/18	activity from 4/1/18 to 6/30/18		
	er 31, 2018	January 30, 2019 activity from 10/1/18 to 12/31/1	18	
		le transactions made since the the Secretary of State's Office, St		
VI. Check if additional report	s are attached:			
		file Addendum A- Fees and Ex	penses	
 If you have paid an honorar Expense Reimbursement 	rium or reimbursed expenses, y	ou must file Addendum B – Rep	ort of Honorariums or	
If you, your firm, or your fa	mily has made political contrib	butions, you must file Addendur	n C- Political Contributions	
Sworn Statement/Affirmation I have read RSA 15 RSA 15-B and complete to the best of my (Signature of lobbyist)	, RSA 14-C and RSA 664 and	hereby swear or affirm that the formula to the form		
Pierce J. Haley		·		

PLEASE PRIN

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Pierce Haley		
II. Name of lobbyist's p	partnership, firm or corporation, if any:		
5	Serlin Haley LLP		
(Name of	partnership, firm or corporation)		
III. Name of Client	TruGreen	Date	10/11/2018
to lobbying, including fee	of all fees received from the client identified at es for services such as public advocacy, governa foring legislation, and related legal work. The	ment relations,	or public relations services
a) Total of all fees receive	ed in this reporting period	a) \$	3,000.00
	ved this calendar year, prior to this reporting perior total of all prior monthly reports for this calend		6,000.00
c) Total of all fees receiv (Add lines a and b)		c) \$	9,000.00
d) Indicate the amount of yet been paid	f any such fees that are due, but have not	d) \$	0.00
fees. Separate reports are the lobbyist(s)/firm that Expenses are to be reporduring the reporting periodividual expenses when lunch where the cost was being lobbied, purchase o (c) an itemized statement any purpose not covered ceremonial object to be grestaurant expenses for a contributions will be reported.	therships, firms, or corporations are required to be filed for expenditures made relative to exare unrelated to any one client a separate reported in one of three categories of expenses: (and office the expenditure was of \$25.00 or less (for example; purchase of a pen with a value of a ceremonial object given to a person being loof each individual expenditure made during this by (a) (for example; purchase of a meal with given to the subject of lobbying with a value go legislative reception). Expenses for honoraring the content of the subject of lobbying with a value go legislative reception). Expenses for honoraring the content of the subject of lobbying with a value go legislative reception).	ach client and cort may be file) the aggregate expenses; (lample: meals por less than \$10 bbied with a vereporting period value of great reater than \$20 ums, expense exported on Add	if expenditures are made by ed for the lobbyist(s)/firm to total of all expenses paid to the aggregate total of all burchased during a busines that is given to the person value of \$25.00 or less); and of greater than \$25.00 for the trans \$25, purchase of the trans \$25, but not greater than \$50 reimbursement, or political
support staff, and office en	ses for this reporting period for salaries, benefits expenses, related directly or indirectly to lobbying enditures during this reporting period, not report	g. a)\$	0.00
in a), of \$25 or less.	enunures during ans reporting period , not repor	b) \$	0.00
c) Total of all itemized ex	spenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fe	es during this reporting
Paid to:	Amount	:
NONE	\$	0.00
	\$	
	\$	
	\$	
•		
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir	m that the	foregoing information
is true and complete to the best of my knowledge and belief.		
1 1 April		10/11/2018
(Signature of lobbyist)		(Date)
Pierce J. Haley		
(Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Pierce J. Haley		
II. Name of lobbyist's part	nership, firm or corn	oration, if any:	
1. Manue of tobby the b pare	Serlin Haley LLP	oracion, ir any i	
(Name of partn	ership, firm or corporation)		The state of the s
II Name of Client TruGree	n		Date 10/11/2018
II. Name of Client <u>TruGree</u>			Date
Political Contributions For each political contributi client/lobbyist and lobbying	-	-	oter 664 paid on behalf of the
Full name of candidate:	D'Allesandro	Lou	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candidate i	s Seeking State Senate
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	s Seeking
actual cost of the in-kind contr enter an estimated value and th	ribution on the line above		ds or services provided, and enter the ution. If the actual cost is not know
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount and the results and the world "setting to "."	•	
enter an estimated value and the word "estimate."		
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw		ation
is true and complete to the best of my knowledge and belief		
Miller	10/11/2018	
(Signature of lobbyist)	(Date)	:
Pierce J. Haley		
(Print Name of lobbyist)		